

**FIRE DEPARTMENT**P.O. Box 1932  
Glendale, CA 91209

ADDRESS SERVICE REQUESTED

**INVOICE**

Post Date	Status	Paid Amount	Balance Due
-----------	--------	-------------	-------------

		\$	
--	--	----	--

Activity Number	Activity type	Print Date	Total Pages
-----------------	---------------	------------	-------------

\$   
Amount Remitted**PLEASE REMIT PAYMENT TO:**

GP1 000000001

**Glendale Fire Department**P.O. Box 1932  
Glendale, CA 91209**Inspection Detail**

Number:

[Fire Inspection Fee]

**APN Address:****Accounting Summary: Invoice #**

Fee Description	Fee Date	Units	Amount	Paid	Total
		--			\$

**Invoice Total:**

Payment Balance

Invoice Total:

Paid To Date:

Balance Due:

**FIRE DEPARTMENT**  
P.O. Box 1932  
Glendale, CA 91209  
(818) 538-5644

Invoice #

for Activity #

Printed:

Page 1 of 1